

Request for Assistance from the Ombudsman's Office

STATE OF CALIFORNIA California Environmental Protection Agency

AIR RESOURCES BOARD

CO/OMB-1 (NEW 7/01)

Request # 01- _____

Requestor Information

Requestor's Name:	Phone:	Date Submitted:	Date Needed:
Division:	Branch:	Unit:	
Supervisor's Name:			Supervisor's Phone #:

Workshop

Topic:	Location:	Day/Night:
Proposed Date(s)	Proposed Dates(s)	Times:

Equipment

<input type="checkbox"/> Lap Top	<input type="checkbox"/> Projector	<input type="checkbox"/> Overhead	<input type="checkbox"/> Conference Call
<input type="checkbox"/> Microphone (podium)	<input type="checkbox"/> Microphones (tables)	<input type="checkbox"/> Easel	
<input type="checkbox"/> Tape Recorder	<input type="checkbox"/> Podium	<input type="checkbox"/> Chairs	
<input type="checkbox"/> Tables	<input type="checkbox"/> Screen	<input type="checkbox"/> Extension Cords	

Room Set Up

Hollow Square/# of chairs:	Classroom/# of chairs:	Panel/# of chairs:	Disabled Services:

Miscellaneous

Interpreter Services:	Name Tags/Plates:#
Travel Options:	Coffee/Snacks:
Hotels:	

Interest Groups
